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PTC/SB/81 (10-00

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| Application Number | |
|------------------------|--------------|
| Filing Date | |
| First Named Inventor | Dan M. Hayes |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 17783 USA |

| Practitioners at Customer Number OR Practitioner(s) named below: Name Principal Attorney: Niray D. Parikh Associate Attorney: T. A. Mechan. 19,713 | | | | | | | - |
|--|----------------|--|--|--------|---|--------|---|
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| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Mark R. Tipping | | | | | | | |
| Signature MII Toppo | | | | | | | |
| Date 8/23/0/ | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below* | | | | | | | |
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PTO/SB/01 (10-00) Approved for use through 10/31/2002 OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

Application Number(s)

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | | |
|----------------------|---|--|
| Attorney Docket Numb | per 17783 USA | |
| First Named Inventor | Dan M. Hayes | |
| COMPLET | E IF KNOWN | |
| Application Number | | |
| Filing Date | | |
| Group Art Unit | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| Examiner Name | | |

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS AND METHOD FOR CONVEYING GOBS OF GLASS TO A GLASS CONTAINER FORMING MACHINE (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International was filed on (MM/DD/YYYY) (if applicable) Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? Country Number(s) (MM/DD/YYYY) **Not Claimed** YES \equiv ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

[Page 1 of 2]

Filing Date (MM/DD/YYYY)

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DECLARATION — Utility or Design Patent Application

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| Address | One SeaGate | | | | | | | |
| City | Toledo | | | | State | ОН | zip 43 | 666 |
| Country | USA | | Telephone | _e 419-2 | 47-8 | 707 | Fax 419-24 | 7–8555 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | |
| NAME O | F SOLE OR FIRST INV | ENTOR: | | | A petit | ion has been fi | led for this unsi | gned inventor |
| Given Name | e Dai niddle [if any]) | п М. | | | Family or Surr | | ayes | |
| Inventor's Coaw M Rayes Date 8-25-01 | | | | | | | | |
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| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | igned inventor | | | |
| Given Name Mark R. Family Name Tipping (first and middle [if any]) or Surname | | | | | | | | |
| Inventor's Null Juni Date 8/23/01 | | | | | 123/01 | | | |
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| | Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | |

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| Application Number | |
|------------------------|--------------|
| Filing Date | |
| First Named Inventor | Dan M. Hayes |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 17783 USA |

| I hereby appoint: | | | | | | | |
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| Practitioners at Customer Number OR Practitioner(s) named below: Place Customer Number Bar Code Label here | | | | | | | |
| Name | Registration Number | | | | | | |
| Principal Attorney: Nirav D. Parikh | 46,394 | | | | | | |
| Associate Attorney: T. A. Meehan | 19,713 | | | | | | |
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| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Dan M. Hayes | | | | | | | |
| Signature Daw M Hours | | | | | | | |
| Date 8-25-01 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
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